| Effective October 1, 2000                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                           |                                          |                              |                      |                  |       |                    | 19)                    | <u> </u> | 259                           |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------|------------------------------|----------------------|------------------|-------|--------------------|------------------------|----------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                             |                                                                                     |                                           |                                          |                              |                      |                  |       | SMALL ENTITY TYPE  |                        |          | OTHER THAN<br>OR SMALL ENTITY |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                           |                                          |                              |                      |                  | Γ     | RATE               | FEE                    | 1        | RATE                          | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                           | NUMBER FILED .NUM                        |                              | BMUN.                | ER EXTRA         | 6     | ASIC FEE           | 355.00                 | OR       | Basic FEE                     | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                           | 39 minus 20= •                           |                              | •                    | - 18             |       | X\$ 9=             |                        | OR       | X\$18=                        | 324                    |
| INDEPENDENT CLAIMS .                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                           | // minus 3 =                             |                              |                      | 8                | Ī     | X40≖               |                        | OR       | X80=                          | 640                    |
| MU                                                                                                                                                                                                                                                                                                                                         | LTIPLE DEPEN                                                                        | IDENT CLAIM P                             | RESENT                                   |                              |                      |                  | T     | +135=              |                        | OR       | +270=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                   |                                                                                     |                                           |                                          |                              |                      |                  | TOTAL |                    | OR                     | TOTAL    |                               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                               |                                                                                     |                                           |                                          |                              |                      |                  | ٠ ;   | SMALL E            | ENTITY                 | OR       | OTHER<br>SMALL                | •                      |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                |                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                          | HIGH<br>NUM<br>PREVI<br>PAID | KEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                            | Total                                                                               | · <i>3</i> 8                              | Minus                                    | ج                            | 39                   | - /              |       | X\$ 9=             |                        | OR       | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                                            | Independent                                                                         | • (1                                      | Minus                                    | ***                          | [[                   | <u> </u>         |       | X40=               |                        | OR       | X80=                          |                        |
| L                                                                                                                                                                                                                                                                                                                                          | FIRST PRESE                                                                         | NTATION OF MI                             | ULTIPLE DEI                              | ENUEN                        | CLAIM                |                  | Γ     | +135=              |                        | OR       | +270=                         |                        |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                     | •                                         |                                          |                              |                      |                  |       | TOTAL<br>DOIT, PEE |                        | OR       | TOTAL<br>ADDIT, FEE           |                        |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                     | (Column 1)                                | •                                        | (Colu                        | mn 2)                | (Column 3)       | ~.    | )                  |                        | •        | ,                             |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                |                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                          | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                            | Total                                                                               | . 38                                      | Minus                                    | : 8                          | 8                    | 2                |       | X\$ 9=             |                        | OR       | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                                            | Independent                                                                         | NTATION OF MI                             | Minus                                    | *** /                        | CLAIM                | -                |       | X40=               |                        | OR       | X80=                          |                        |
|                                                                                                                                                                                                                                                                                                                                            | ring) rhese                                                                         | STATION OF MA                             | Jennice Der                              | CITOCITY                     | <b>G</b>             |                  |       | +135=              |                        | OR       | +270=                         |                        |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                           | •                                        |                              |                      |                  | AD    | TOTAL<br>DIT. FEE  |                        | OR       | TOTAL<br>ADDIT, FEE           |                        |
|                                                                                                                                                                                                                                                                                                                                            |                                                                                     | (Column 1)                                |                                          | (Colu                        |                      | (Column 3)       |       |                    |                        |          |                               |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                |                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT | William                                  | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                            | Total                                                                               | •                                         | Minus                                    | ••                           |                      | <b>3</b>         | Г     | X\$ 9=             |                        | OR       | X\$18=                        |                        |
| AME                                                                                                                                                                                                                                                                                                                                        | Independent                                                                         | •                                         | Minus                                    | •••                          |                      | 3                |       | X40=               |                        | OR       | X80=                          |                        |
| L                                                                                                                                                                                                                                                                                                                                          | FIRST PRESE                                                                         | NTATION OF MI                             | ULTIPLE DEI                              | 'ENDEN'                      | CLAIM                |                  |       | +135=              |                        | OR       | +270=                         |                        |
|                                                                                                                                                                                                                                                                                                                                            | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                                          |                              |                      |                  |       |                    |                        | I        | TOTAL                         |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |                                                                                     |                                           |                                          |                              |                      |                  |       |                    |                        |          |                               | L                      |
|                                                                                                                                                                                                                                                                                                                                            | ine rugnesi Nuf                                                                     | noer Previously Pa                        | 10 (10 (10 (10 (10 (10 (10 (10 (10 (10 ( | - widebeuro                  | कार्य द्व राष        | indiana unungi   | ·     | na ner ett         | TOP THE U              | . n. w   | Ç-191                         |                        |

PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number**